

CITY OF BUCKLEY

P.O. Box 1960 ♦ Buckley, WA 98321 ♦ (360) 829-1921 ext. 7801
www.cityofbuckley.com; <http://www.codepublishing.com/WA/Buckley/>



PRE-APPLICATION REQUEST FORM

File Number: _____

Zone: _____

Parcel Number(s): _____

Amount Received: \$210 (2-3 staff members) \$500

Date Amount Received: _____

Receipt stamp

TR# _____

NO WORK OR ACTIVITY MAY BE STARTED WITHOUT APPROVAL AND ISSUANCE OF A PERMIT.

This section of the permit application process is to provide basic information about the applicant and the proposal, billing information, the proposal's location, and to allow the city to address the applicant's issues and questions.

Please check billing address

A. **Applicant:** Phone # _____
Name: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____

B. **Project Address and/or Location:**

Parcel ID Number:

C. **Property Owner:** Phone # _____
Name: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____

D. **Contractor/Agent:** Phone # _____
Name: _____
Address: Contractor Lic. # Or Consultant Business Name: _____
City, State, Zip: _____
E-Mail Address: _____

E. **Contact Person:** Phone # _____
Name: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____

F. **Project Description/Activity:** _____

